	Forr	n Appri	oved
MB	No	0960-0	0430

SOCIAL SECURITY ADMINISTRATION

## SUMMARY OF EVIDENCE

	CODE	N	UMBERS
DDS			DHU

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.

PRIVACY/PAPERWORK ACT NOTICE: The Social Security Administration (SSA) is authorized to collect the information on this form under section 205(a), 1631(e)(1)(A) and (B), and 1872 of the Social Security Act (the Act), as amended (42 U.S.C. 405, 1383, and 1395ii). Giving us this information is mandatory. This form will be used as a means for listing medical/vocational reports included in claims folders of cases where the evidentially hearings process required by section 205(b) of the Act and 20 CFR sections 404.913(b), 404.914(a), 416.1413(b), and 416.1414(a) applies.

CLAIMANT'S NAME	NUMBER HOLDER'S SOCIAL SECURITY NUMBER
List in chronological order (newest to oldest based on date of report) all medical issue of disability which were considered in the development of the case. examinations (CEs)), hospital records, medical or vocational test results.	I and vocational reports of information pertaining to the Include physicians' reports (specify if consultative
A. MEDICAL/VOCATIONAL REPORTS SINCE COMPARISON POINT DECISI	ON
B. MEDICAL/VOCATIONAL REPORTS AT COMPARISON POINT DECISION	
*	x